U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managem and Sudget No 1215-0188 Expires 11-30-20

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E OFWE	
1 File Number U 9673	2. Fiscal Year Covered From.
	[]/[]/204 Through [a]/3]/204
3 Name and address of person flling	4 Name file number and address of tabor organization
Name Lewis M Cook	Name TCU/BRC 6454
	Labor Organization File Number 043385
PO Box, Bidg Room No If any	P O Box, Building and Room Number if any
Street 407 Persinger Drive	Street 407 Persinger Deive
Cay Williamson	CHY Williamson, WU 25461
State W.U ZIP Code + 4 2566	State W.V. ZIP Code +4 2564
5. Position in labor organization [LoCa] Chairman	
A Held an interest in, engaged in transactions (including toans) with or monetary value from an employer whose employees your organizar 6 Name and address of Employer (including trade name if any) Name	7 a. Nature of Interest, Transaction, or Income
Trade Name, if any	
PO Box, Bidg. Room No. If any	1 1
	7.b Amount.
Street	7.b Amount.
Street	7.b Amount.
	7.b Amount.
City = ZIP Code + 4	7.b Amount.
State ZiP Code + 4 State State 15. Signature and vertification. The undersigned declares, under penalty of	Perjury and other applicable panalities of the law that all of the information rying documents), has been examined by the signatory and is, to the best of the

the state of the s	
Name of Person Filing Lewis MARK Cook	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8. Name and address of Business (including trade name, if any)	9 Business deals with.
Name Trade Name if any P O Box, Bidg. Room No. if any Street	a. Labor Organization b Trust c. Employer
City ZIP Code + 4 ZIP Code + 4	
10 If 9.b or 9 c. is checked give trust or employer's name. Name Trade Name, if any	11 s. Nature of such dealing.
P O Box, Bidg. Room No If any Street City	11 b Approximate dollar value of such dealing 12.a. Nature of interest held or income received.
State ZiP Code + 4	
*	12.b Amount.
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.s. Name and address of Employer or Labor Relations Consultant (Including trade name if any)	14.a. Nature of payment. Hol by gift
Name C. Massall Friedman FFLA Att	1a/04 Turkey 3900
PO Box, Bidg. Room No if any	
street 13th, Floor, 1010 Market 51, cty St. Louis	
State Missour ZIP Code +4 63 0	
13.b to the Business on Employer or Consultant ?	14.b. Amount of payment.